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UNITED NATIONS DEVELOPMENT PROGRAMME

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ENGLISH

APPROVAL OF UNDP ASSISTANCE TO A PROJECT OF MOZAMBIQUE

IPF:(1987-1991) $66 009 000
(1992-1996) $92 600 000
(MOZ/91/014)-Low Cost Sanitation

Date of approval by the AC:[1]	18 December 1991
Expected duration:	Three years
Proposed executing agency:	Government
Government implementing agency:	Institute for Rural Development (INDER)
Proposed UNDP contribution:	$1 200 000 Source of funds: IPF
Third-party cost sharing:	$1 000 000 Source of funds: Dutch Govt.
Total UNDP budget:	$2 200 000

Project background

In Mozambican cities, only an estimated 15 percent of the population has access to water-born sanitation facilities. The vast majority living in the peri-urban areas has to rely on on-site sanitation, if any at all. On a nationwide scale the 1980 census indicated that 80 percent of the population live without adequate sanitation.

Due to destabilisation and the resultant influx of displaced persons into the peri-urban areas combined with a decreasing purchase power, the number of families having no sanitation facilities at all is increasing. The seriousness of the sanitary situation in the country is drastically illustrated by the regular cholera outbreaks, and according to the 1991 Human Development Report, 297 deaths per 1000 has become the highest under five-mortality rate in the world.

The continuing poor security situation has led to an influx of people into areas around the towns and district capitals. Therefore, the Government has put increased priority on preventive medicine and sanitation. In this context, the promotion of adequate sanitation is seen as key component as the conditions prevailing in the peri-urban and urbanized rural communities are particularly serious since lack of adequate water supply and sanitation creates the conditions for the spread of disease. The situation has been exacerbated by the large influx of displaced into these peri-urban areas due to the civil strife.

Improved sanitation is seen as a preventive health care measure which assists in reducing the costs of curative medical care and promotes general health, improved quality of life and national productivity. This also contributes to the Government policy of poverty alleviation. The country has consequently opted for larger-scale implementation of a improved low-cost latrine programme.

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[1] This Fact Sheet reflects the status of the project/revision at the time it was approved by the Action Committee; modifications to the project/revision may have occurred subsequently.

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The prior phases of sanitation research, pilot implementation and the ongoing programme have all been very successfully executed by the Government with UNDP support. To create awareness of the importance of sanitation and respond to the study on the structural adjustment of implementation of the National Latrine Programme, the Government has requested further UNDP assistance under the present approval.

Description of project

The immediate objectives of the project are to: (a) implement larger-scale production of latrines in a minimum of 30 production and sale units in all 10 provinces of the country; (b) ensure popular access to the latrines a subsidy and sales tax exemption modality; co-ordinate national and external inputs to the programme by a Core Management Unit responsible for implementation activities in the provinces, uniform training, standardized procurement of equipment and uniform reporting to the various donors committing funds to the programme; (d) station sanitation engineers in each geographical region to assist the individual production units; (e) manufacture the latrines according to the standards established during the research phase (an earlier project) sufficiently flexible to cover most soil types, any ground water level and any combination thereof except solid rock locations; (f) establish a diversified training programme covering national staff of the core Management Unit, production unit mangers, production unit accountants, production trainers as well as all workers of new production units and follow-up training on workers in existing units; and (g) collaborate with the relevant health and hygiene departments, as well as water source agencies to ensure that sanitation programmes do not interfere with the development of safe water sources and vice-versa.

Inputs

UNDP will provide one civil/sanitary engineer/CTA (36 man-months); three sanitation engineers (108 man-months); two cooperantes in logistics, co-ordination, information, administration (108 man-months); two NPPP staff in logistics, co-ordination, information, administration (108 man-months); short-term consultancies; administrative support; support to training, equipment, operation and maintenance.

Financial data

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Personnel	1 022 400
Training	54 100
Equipment	86 000
Miscellaneous	37 500
Total	1 200 000

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